

New York Paid Family Leave

Please be sure to complete all sections before submitting your application.

PFL Section 1 pages 1 & 2 – completed by the member

PFL Section 1 pages 3 & 4 – completed by UPS- Please send an email to NYPFL@UPS.com

They will need:

Your name

Work id #

Please state in the email that you are going out on Paid Family Leave to care for a family member or Bonding. Please include your first day out on leave.

(It will take them 3 business days to complete the form. They will email the completed forms back to you, please print them and submit them to Local 804)

For **Bonding**: Please complete section 2 pages 1 & 2 - You will also need to submit proof of birth

For **Caring**:

Please note: Some medical conditions are not covered under the Paid Family Leave benefit

PFL Section 3 pages 1 & 2 are completed by the member & the care recipient

PFL Section 4 pages 1 & 2 are completed by the member and care recipient's doctor

Please provide proof relationship- If you have any questions, please contact the Fund Office

If you are traveling out of the tri-state area- please provide proof of travel.

(If you are flying-Airline tickets. If you are driving, paid tolls receipts & gas receipts)

Please return the completed forms to Local 804 via mail or fax

Local 804 Welfare Trust Fund

44 S Bayles Avenue

Suite # 302

Port Washington, NY 11050

Fax (718) 786-6176

If you have any questions, please contact the Fund (718) 786-5410 ext. 603

Please be sure you contact Hartford 866-825-0186 (they will track your leave on FMLA- failure to do so may affect your health benefits)

If you have any questions about your Union dues; please call the Union Hall (718) 786-5700